

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**EMERGENCY COMMITTEE FOR ISRAEL**(b) Address (number and street) ☐ check if different than previously reported  
11 DUPONT CIRCLE NW SUITE 325

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001911**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2012

through

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2012(b) Communication Title What's Wrong**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Noah Pollak

(b) Address (number and street)

11 Dupont Circle NW  
Suite 325

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

Executive Director

**9. Total Donations This Statement**

0.00

**10. Total Disbursements/Obligations This Statement**

60500.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Noah Pollak

SIGNATURE

Noah Pollak

[Electronically Filed]

DATE

10/11/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
 (use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

**A.** (a) Name **Transaction ID : F91.4101**  
 William Kristol

(b) Address (number and street) 11 Dupont Circle NW  
 Suite 325

(c) City, State and ZIP Code  
 Washington DC 20036

(d) Name of Employer or Principal Place of Business (e) Occupation  
 Emergency Committee for Israel Board Member

**B.** (a) Name **Transaction ID : F91.4099**  
 Noah Pollak

(b) Address (number and street) 11 Dupont Circle NW  
 Suite 325

(c) City, State and ZIP Code  
 Washington DC 20036

(d) Name of Employer or Principal Place of Business (e) Occupation  
 Emergency Committee for Israel Executive Director

**C.** (a) Name **Transaction ID : F91.4103**  
 Michael Goldfarb

(b) Address (number and street) 11 Dupont Circle NW  
 Suite 325

(c) City, State and ZIP Code  
 Washington DC 20036

(d) Name of Employer or Principal Place of Business (e) Occupation  
 Emergency Committee for Israel

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>CRAFT   Media / Digital</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-around;"> <span>10</span> <span>10</span> <span>2012</span> </div>	
<b>Mailing Address of Payee</b> 1600 K St. NW Suite 300				<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>Amount</span> </div> <div style="display: flex; justify-content: space-around;"> <span>8550.00</span> </div>	
<b>City</b> Washington		<b>State</b> DC		<b>Zip Code</b> 20006	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-around;"> <span>10</span> <span>10</span> <span>2012</span> </div>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> TV Advertising Production				<b>Transaction ID : F93.4107</b>	
<b>Name of Federal Candidate</b> LOIS CAPPs		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>State:</b> CA		<b>District:</b> 24		<b>Transaction ID : F94.4108F93.4107</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>State:</b>		<b>District:</b>		<b>Transaction ID : F93.4109</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>State:</b>		<b>District:</b>			

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>Smart Media Group, LLC</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-around;"> <span>10</span> <span>10</span> <span>2012</span> </div>	
<b>Mailing Address of Payee</b> 814 King Street Suite 400				<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>Amount</span> </div> <div style="display: flex; justify-content: space-around;"> <span>51950.00</span> </div>	
<b>City</b> Alexandria		<b>State</b> VA		<b>Zip Code</b> 22314	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div> <div style="display: flex; justify-content: space-around;"> <span>10</span> <span>10</span> <span>2012</span> </div>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> TV Advertising Buy				<b>Transaction ID : F93.4109</b>	
<b>Name of Federal Candidate</b> LOIS CAPPs		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>State:</b> CA		<b>District:</b> 24		<b>Transaction ID : F94.4108F93.4109</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>State:</b>		<b>District:</b>		<b>Transaction ID : F93.4109</b>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>State:</b>		<b>District:</b>			

  

<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>60500.00</span> </div>
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>60500.00</span> </div>